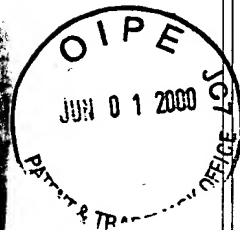


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PATENT  
Attorney Docket No.: 16994-012710US

on Susan J. Behr  
TOWNSEND and TOWNSEND and CREW LLP  
By 05/26/00

*Handwritten initials*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Johannes B.M.M. van Bree

Application No.: 09/454,711

Filed: December 6, 1999

For: TREATMENT OF POMPE'S DISEASE

Assistant Commissioner for Patents  
Office of Initial Patent Examination  
Customer Service Center  
Washington, D.C. 20231

Examiner: Not Assigned

Art Unit: 1712

REQUEST FOR CORRECTED FILING RECEIPT

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Sir:

Attached is a copy of the official Filing Receipt received from the Patent and Trademark Office in the above-noted application for which issuance of a corrected filing receipt is respectfully requested.

There is an error in that one Applicant's City of Residence was misspelled and should read as follows:

Saturnushof

The correction is not due to any error by applicant and no fee is due.

Respectfully submitted,

*Handwritten signature of Joe Liebeschuetz*

Joe Liebeschuetz  
Reg. No. 37,505

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, 8th Floor  
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JOL:slb  
PA 3072802 v1

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## FILING RECEIPT



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UNITED STATES DEPARTMENT OF COMMERCE  
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COMMISSIONER OF PATENT AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/454,711	12/06/1999	1712	1864	16994-012710	4	34	5

20350  
TOWNSEND AND TOWNSEND AND CREW LLP  
TWO EMBARCADERO CENTER  
EIGHTH FLOOR  
SAN FRANCISCO, CA 94111

Date Mailed: 04/10/2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the PTO processes the reply to the Notice, the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

JOHANNES B. M. M. VAN BREE, NIEUW-VENNEP, NETHERLANDS;  
EDNA H. G. VENNEKER, SAURNUSHOF, NETHERLANDS;  
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SATURNUSHOF

## Continuing Data as Claimed by Applicant

THIS APPLN CLAIMS BENEFIT OF 60/111,291 12/07/1998

## Foreign Applications

If Required, Foreign Filing License Granted 01/06/2000

\*\*

## Title

TREATMENT OF POMPE'S DISEASE

## Preliminary Class

525

Data entry by : BATES, DIANA

Team : OIPE

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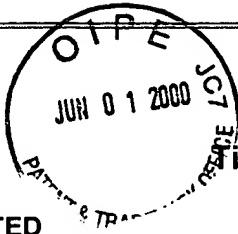
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Bib Data Sheet

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Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/454,711	<b>FILING DATE</b> 12/06/1999 <b>RULE</b> -	<b>CLASS</b> 525	<b>GROUP ART UNIT</b> 1712	<b>ATTORNEY DOCKET NO.</b> 16994.012710
<b>APPLICANTS</b> JOHANNES B. M. M. VAN BREE, NIEUW-VENNEP, NETHERLANDS; EDNA H. G. VENNEKER, SATURNUSHOF, NETHERLANDS; DAVID P. MEEKER, CONCORD, MA ;				
<b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/111,291 12/07/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 01/06/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged	Examiner's Signature _____ Initials _____	<b>STATE OR COUNTRY</b> NETHERLANDS	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 34
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 20350				
<b>TITLE</b> TREATMENT OF POMPE'S DISEASE				
<b>FILING FEE RECEIVED</b> .1864	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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